

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLIX.

WEDNESDAY, DECEMBER 21, 1853.

No. 21.

SENSITIVE ATTRACTION.

[Communicated for the Boston Medical and Surgical Journal.]

EVERY direction which plants, trees and vines take in their growth, is the effect of an attractive force exerted in three ways. The tall cedar which ascends in a perpendicular line to the height of seventy-five or a hundred feet; the apple tree, in the open field, which spreads abroad its ample arms to the light and air; the pumpkin vine, which strolls away from the garden into the grassy lot; and the roots of all trees and plants, are directed in their course by an affinity which they have to other substances.

Living seeds, plants and vines are attracted by light, by water, and by objects for support. Experiments have already been detailed in a former article to illustrate the attractive force of light. One illustration more, however, from the vegetable world, may not be amiss. In the daytime, our trees grow in a direction opposite to that in which they point in the night; or, in other words, trees on the opposite side of the globe grow in a direction opposite to ours. While ours are growing upward, trees in Japan are growing downward or in a line opposite to ours. At the distance of six thousand miles east or west of us, trees grow at right angles with ours. During one half of the globe's diurnal motion, the solar light acts upon the trees and plants on our side of it, and the other half upon those of the opposite side. The light proceeds from opposite directions; or rather the trees, once in twenty-four hours, are presented to the direct rays of the sun, which determines the line in which they grow. In this respect nature may be imitated in several ways. Any young plant growing in a pot with a netting drawn over the soil, may be inverted and suspended in a south window by means of strings, while a paper curtain is let down to within four or five inches of the window seat, and a mirror placed so as to reflect the light directly upward upon the plant. At this season of the year, perhaps, the mirror may be raised on the inner side twenty degrees. No light should be admitted into the room from any other direction.

The affinity which vines and tendrils have for supporters is another mode by which the courses of plants are determined. Every planter knows that bean vines, in one way or other, reach with certainty the poles set for them to run upon, and ascend them in a spiral course.

The poles are, in general, set from one to four or five inches from the young plants. The young vines grow perfectly erect, like young trees, until a certain age, when they begin to *run*, as it is termed. What force changes the direction of the young bean stem and inclines it to the pole? If the vine moves only an inch or half an inch, it must be caused by some force. It may look as if it went spontaneously towards the pole; but is this the fact? Is it not a causable phenomenon, as much as if it were bent with the hand? If there is no pole, the vine runs upon the ground, and instead of twisting into a spiral form, often proceeds in a straight line among weeds or grass. In spite of wind, rain and dew, which would often incline the vine in a direction opposite to the pole, it still reaches it with certainty. Early in the season, before the summer solstice, the light inclines all young plants to the south; but in opposition to this force, the young bean is drawn to the erect pole. A higher degree of heat cannot be the agent which draws it to the pole, since it makes no difference whether the pole is a dry stick, or a green living tree which is cooler even than the air. There must, then, be a species of affinity, a fixed relation between the vine and the pole. Without a supporter, the slender stem, overcome by the weight above, bends to the ground, where the leaves put out only upon the upper side—the side towards the light. This is the case with all vines unless they run upon supporters.

Two hundred hills of beans were planted together, and at a proper season set with poles. On examination, very few of the plants touched the poles, but were distant from one to four or five inches; yet in a week or two they all reached the poles and began to perform their gyrations around them. Upon poles they ascend in a spiral course; but running upon the ground, they do not acquire this motion. The spiral course up the pole is produced by the action of two forces—light, and the affinity between the vine and pole. The attraction to the pole would wind it round horizontally like the thread upon a spool or the twisting of a tendril, while the light acting alone would carry it up in a straight line. The two forces combined effect the spiral course.

Convolute vines, or those which always entwine about objects or poles in one way, are probably most acted upon by the light in that direction; and revolute vines, or those which grow either way, are less acted upon by the light and more by the pole, or else one is most governed by the morning light and the other by that of the afternoon. By experiment, some plants are more effected by the morning light than others.

When rods or sticks are placed in contact with young growing tendrils, an affinity is very soon manifested between them. In most cases the tendril will begin to bend in four or five minutes, and, often, in fifteen minutes several turns will be taken by the tendril around the rod. This effect has been determined by a great many experiments at various times. A few trials upon squash vines will convince the slightest observer.

Thirty or forty squash hills were planted under a row of fir trees, and instead of running out to the light like erect plants, uniformly climbed the pendant limbs, where they had to rise from six to fifteen inches from the

ground. An ivy vine was seen to reach one foot from a wall in pursuit of a limb. A grape vine on the same wall was attracted eighteen inches by a pendant limb. In the summer time, instances of sensitive attraction, without number, may be witnessed in the growth of ivy vines upon old walls and fences. Stones in walls are often round, and the ivy vine will follow the circularity of the stone, where the action of light, if the stone were away, would draw it in an opposite direction or make it grow erect. On walls running north and south, where erect plants, as bushes, or young trees, would lean eastward or westward, drawn by the morning or afternoon light, ivy and other vines adhere to the wall and follow all the curvatures of the stones. The same may be seen upon wooden fences. They cling alike to rails which are drier than the earth and warmer than the air, and to green trees which are moister than the ground and cooler than the air.

The existence of this variety of attraction may be easily tested, by planting beans in pots or tubs placed in a room or chamber warmed and kept at 68° Fah., by coal or heated air, where they will be out of the reach of any other cause than the attraction of the pole or rod. If the rod is at one, two, three or four inches from the bean stem, the daily advancement of the bean towards the pole may be seen and marked. There are many mansion houses in all our cities so thoroughly warmed with heated air that string beans, green corn and cucumbers might be raised in the winter season, in sufficient quantity for the family use and to the great amusement of the children. Children love the sight of such things more than the choicest flowers. Allowing them to plant agricultural seeds in pots, tubs and boxes, they would be able to see some of the country in the town, and to acquire a little of that *sensual* knowledge from which a city life precludes so many. Nothing pleases young minds more than the germination of seeds and the early growth of plants. The green blades of young grasses are a grateful sight, particularly in the winter. If grass seeds are sown in pots and placed in windows, the blades as they spring up will all lean to the strongest light, and, by turning the pots, will be drawn back again in a day or two to the direction in which the light comes to them. In a south window, at this season of the year, the blades will lean to the south 23°.

The third mode in which sensitive attraction governs the direction of plants, is manifested in the relation which they hold to water. The relation which the roots of plants hold to water is the cause of their direction. If there is more water or moisture on one side of a tree or plant than on the other, the roots will be drawn to the watery side. If moisture lies deep, roots descend; if the surface of the ground is wet, they run near the surface. Clover, mullen and other plants, which remain green when other grasses and plants are dead and dry, have long roots and descend deep into the earth, where they find moisture. The roots of trees upon the banks of rivers grow principally upon the side towards the river. The ground may be ever so nutritious, but if there is no water to dissolve the nutriment and hold it in solution, plants do not grow, their roots imbibe nothing.

Exp. 1.—Some blades of grass in a pot were watered only on one

side, and it was found, on examination, that the roots all grew on that side.

2.—A common weed was set in another pot, to see if the roots would follow the water. In three weeks the roots were all found on the watered side of the pot. Chemical substances enlarge by accretion, but the roots of plants increase in size and length by the circulation of a nutritious fluid within. Nothing is added to the size or length of roots from without, all increase takes place from the nourishment of the sap; of course roots must be attracted to the moisture or water in the ground by an affinity to that substance. As plants enlarge entirely by a circulatory fluid within, all motion towards outward substances must be caused by some attracting power.

The root of a plant is a distinct organ from the stem, having a function of its own, like the lungs or liver of animals. When a root is educed from a stem or a stem from a root, a new organization takes place. This organization is caused by sensitive attraction. Water is organized by the affinity between the gases, oxygen and hydrogen. The mineral called felspar, is organized by a relation between silex, alumina and potash, its constituents. Nutritious water and sand or silex, in combination with a live willow shoot, produce a root, in the same manner as a combination of two gases produce water. Which gas is the germ in the organization of water, or which gives water its predominant characteristics? Which is the germ in felspar—the potash, silex or alumina? In compound substances, sometimes one constituent, and sometimes another, predominates or discovers most of its properties. Is this constituent, therefore, the germ? The form of a compound evidently emanates from the affinity between its constituents. In chemistry, chemical attraction is the organizing power, and, in the vegetable world, sensitive attraction is the organizing power. By chemical attraction, the chemist will yet no doubt organize felspar, mica, quartz, granite and slate, as he has already organized salt, pyrites and water.

From experiments detailed in a previous article, certain rules may be deduced for the arrangement of plants and trees in order to secure a more perfect growth; and although not entirely appropriate to a medical journal, it may be pardonable to give them from their connection with the main subject of the article.

1. To produce an ornamental or a fruit tree, it should be set at a determinate distance from other trees. If set near other trees, the light will be obstructed, it will be uncomely in appearance, deficient in limbs, and inclined to lean from an erect position. To grow mathematically erect, the light must shine equally upon all sides of it. In the central parts of a forest, the trees grow erect because the light falls equally upon all sides of the tops, which carries up the trunk perfectly erect. The lower limbs are all shaded alike, and die from want of light, so that the balance of the tree is preserved. But at the sides of a forest next the open land, trees lean more or less, and put out lower limbs only on the open side. The light is there unobstructed on one side.

If two trees, oaks, chesnuts, elms or maples, stand within two or three feet of each other in open land, they will invariably lean from each

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other in opposite directions, and neither will be erect. They shade each other, and none or but few limbs are put out in the direction of either tree.

The best rule, doubtless, would be to make the distance between orchard or ornamental trees equal to the height to which such trees usually grow. No tree in an open field can be comely or beautiful unless it stands erect and its branches proceed equally from every side. It is essential, too, that all the limbs which emanate from the trunk, the lower as well as the upper, should live and expand. If trees are placed close to each other, the shade of one interferes with the growth of the other, and they become forest and not ornamental trees. Close together, apple trees grow tall and limbless like forest chesnuts, and bear only a little fruit at the top, like those chesnuts. In the open field, exposed on all sides to the light, the tree expands to its full size, becomes loaded in every part with fruit, and presents a sightly appearance.

Quince trees growing in clusters are hindered from a full expansion, are less productive, and their fruit smaller. Separated like apple trees, they become much larger and more fruitful. Currant bushes, separated in a similar way, are abundantly more prolific, both in quantity and quality of fruit. Separated, a blade of Indian corn will have an ear on each side, when if it stood in a hill with three other blades it would have but one, the rest growing to stalk. Even blades of grass grow larger and taller when standing alone.

2. The roots of trees, whether ornamental or fruit, are quite as much benefited by separation as the stems. In close contact, the roots of one take the nutriment from the other, and none attain to their full size. It would be another good rule to place plants distant from each other, the full length of their roots, or the length to which they usually grow. Some land is so rich that blades of wheat, rye and oats grow well as thick as they can stand; but, on land in general, the rule would hold good even with respect to these grains. With grasses it might not be profitable, if it were practicable. On poor land quite a crop of good grain might be obtained by an observance of this rule, where little or nothing is produced in the ordinary way. An ear of corn would often be produced instead of a mere stalk. Blades of rye or wheat standing alone produce large kernels of grain, when, if growing in a forest of other blades, the seeds will be small and shrunken. Too thickly sown, there will be a great interference both in respect to light and nourishment. The *profit* of sowing wheat, rye and other grains, in rows or drills, is a question which belongs to the art of agriculture.

Providence, R. I., Dec. 10.

SENSITIVUS.

DROWNING.

[Communicated for the Boston Medical and Surgical Journal.]

For a long time the question has been asked, how long may a person remain under water without breathing and then be resuscitated? and the answer has been variously given. Cases have been reported where per-

sons have been resuscitated at the end of eight hours from the time they first went under water; and other cases have been given where persons have been taken out from three to five minutes after going under the water, and yet life was not saved. Why is this difference in the ability to resuscitate persons? Some will answer by saying that perhaps what was done for the patient was worse than nothing; while others may say that the proper remedies were not to be had until it was too late to use them. There may be some truth in both answers, but I am strongly impressed that all of the circumstances in such cases are not known. We all know that the blood goes its round in not far from two minutes and a half; so that if the lungs do not act for that time the blood must all become venous, and consequently poisonous for any other place than the veins, and the brain and the rest of the nervous system must be more or less paralyzed, and of course death is speedily the result. Other circumstances also in particular cases exist, that make death more speedily ensue; such as drunkenness, when the brain is already poisoned more or less, and consequently needs very little additional poison to produce death. Age and ill health likewise, in many instances, have so enfeebled the nervous system that a much less shock is required to produce death than in a vigorous constitution. In children the circulation is more rapid than in adults, and consequently it would go the round much sooner, and so poison the brain in a proportionately less time.

How, then, it may be asked, are persons resuscitated after they have been in the water from fifteen minutes to several hours? In the first place I will refer to the case of Andrew Ritter, a youth of 17 or 18 years old, who in an epileptic fit fell from a log into Elk River, last summer. He went directly to the bottom, in deep water, where he remained fifteen or twenty minutes before he was brought up. He in a few minutes recovered as from a regular fit. He had taken no water into his lungs. In Ritter's case all the functions of the system must have nearly been suspended during his stay under water, with just action enough left to keep life in him. Consequently he came to, as from a fit simply.

Now, if a person receives a blow before or during his fall into the water, sufficient to nearly suspend the functions of the system for a time, he may lay under water during that time without drowning. A shock sufficient to suspend nearly, or indeed quite, the whole powers of the brain, may be produced by fright, at the time of falling into the water, in which case the person would not drown during the time the functions of the system were suspended, which might be for a longer or shorter time. Such a shock to the system may be produced by numerous causes unknown to us; and I think a more satisfactory explanation can be given of the Miss Griswold case, in the Norfolk tragedy, and of many others mentioned in the different journals, by the above view, than by any other that has been given (not denying that Miss Griswold would have died if nothing had been done for her). We have accounts of numerous cases in which persons have remained, from some cause, in a condition very much resembling death for a long time. Possibly the falling into water may produce this condition in some persons predisposed to it, and consequently *they* would not drown soon. The general im-

pression is, as far as I have learned, that experienced pearl divers can remain under water a very long time—how long I do not know. But one person, in noting the length of time the different pearl divers would remain under water, observed that none of them remained more than one minute and a quarter, and most of them not more than one minute.

Portsmouth, N. H., Dec., 1853.

N. L. FOLSOM.

THE MEDICAL EDUCATION OF WOMEN.

[THE following detached quotations relative to the study of medicine by females, are selected from the Introductory Lecture by Wm. M. Cornell, M.D., of this city, delivered to the class of the New England Female Medical College, November 2d, 1853.]

So far as I am concerned, and so far as I know the minds of the other lecturers in this School, there is no disposition to recommend any lady for the practice of the healing art, among women and children, until she shall have studied as long, and attended as many and as full courses of lectures, as are required of young men for graduation in the medical colleges of our land; and for one, I should be perfectly willing that the Counsellors of the Massachusetts Medical Society should be the Examining Committee of any applicant for graduation, and that their decision, upon the *medical qualifications* of such, should be final.

Nor do I apprehend that all the women in the land are about to study medicine. The course of three years' study is too long, and the expense too heavy, for many to undertake it; and the fact that those who do practise shall be *thus* qualified, will have a salutary effect in preventing those who have a mere smattering of information, from attempting to dabble with medicine. If any suppose that we wish, or intend, to encourage any females to practise who have not qualified themselves as above stated, they have mistaken our motives or not comprehended our plans.

The following opinions of eminent physicians, directly or impliedly, show the demand for female practitioners of medicine:—"Many of these maladies," says Dr. Meigs in his Treatise on the Diseases of Females, "are, in their beginning, of slight and trifling importance. Yet, by neglecting such affections in their rise, the whole constitution may at length come into sympathy with the deranged member of it; and the health, the usefulness, and so, the happiness or life of the mismanaged and misinformed female, are sacrificed." "All these evils," continues the same writer, "spring not from any want of competency in medicines or medical men, but from the delicacy of the relations existing between the sexes. I confess that I am proud to say that, in this country generally, certainly in many parts of it, there are women who prefer to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being fully explored. I say it is an evidence of the dominion of a fine morality in our society; but, nevertheless, it is true that a greater candor on the part of the patient, and a more resolute and careful inquiry on that of the

practitioner, would scarcely fail to bring to light, in their early stages, the curable maladies, which, by faults on both sides, are now misunderstood, *because concealed*, and, consequently, mismanaged and rendered at last incurable.

"Can anything be done to obviate the perpetuity of this evil—one that has existed for ages? Is there any resource by means of which the amount of suffering endured by women affected with peculiar complaints may be greatly lessened?"

To these important questions of the learned Professor, we have a ready answer. Yes, something *can* be done. A remedy is easily found. It is in simply substituting an equally qualified *female* for a male physician. The remedy is perfectly natural, and we are endeavoring to meet the demand by a competent supply.

No man in this community better understands the science, or can better perform the duties of the medical profession, than Dr. John Ware, or is better skilled in the common courtesies of life. In his Introductory Lecture before the class of 1850-1, in the Harvard Medical School, in which he is a Professor, he writes as follows:

"I trust we should be among the last to oppose the entrance of women into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life, fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society—aye, to welcome her to our own, if it can prove for her advantage or happiness."

There are other physicians in this city, of no mean acquirements, and not wanting in skill, who give their warmest approbation to this enterprise. They only ask, what we propose to do, that these women shall have a full and thorough medical education.

The editor of the New York Medical Gazette, Dr. Reese, says, "We are in favor of the medical education of females, and heartily welcome them, as we do Elizabeth Blackwell, M.D., into the profession, when, like her, educated and qualified for its duties." He bears his testimony, as we do, against all kinds of quackery in the profession.

James Deane, M.D., of Greenfield, in this State, a medical gentleman of high standing in the profession, writes to the officers of this Society as follows:—

"The objects of the Female Medical Education Society meet my approbation, because, from an attentive consideration of the peculiar diseases of women, during a practice of twenty years, I have ever been of the opinion that as a general thing, and especially as to diseases incident to parturition, these might with great propriety be committed to the management of their own sex."

William Workman, M.D., of Worcester, a physician of extensive prac-

tice, and former President of the Worcester District Medical Society, closes a letter to the Directors of the Female Medical Education Society as follows:—

“Finally, I will say, if your Society, either by a special college or otherwise, shall educate and introduce into practice, a class of female midwives and physicians of the character and accomplishments of Mmes. Boivin and Lachapelle, of Paris, or of Miss Blackwell, of New York, you will confer a benefit on society, and do honor to the medical profession; and I, for one, will most cheerfully bid you God speed.”

Of the *missionary* feature connected with the present plan of female medical education, we might fill a volume with quotations from men of the greatest eminence, in its commendation. This feature of it seems to be of great moment to the church and to the world. Some female missionaries have already been medically educated. One, a missionary among the Aborigines of our own country, attended a full course of medical lectures last winter.

We look to the 140,000,000 of India. Suppose a christian missionary goes there. He finds his way hedged up—they are jealous of his *religious* influence. Their wives and children are sick, and this missionary cannot see them. But, like one in the early gospel history, he has taken “*Laïke, the beloved physician,*” with him in the person of his own wife. She understands the healing art. They, like all other barbarous people, wish to be restored to health. She restores them, and they look upon her as an angel of mercy. They listen to her, and through her to her husband. Is she not verily “an help meet for him”? Perhaps by no other means could so great “a door, and effectual, be opened” to him. Certainly by none so naturally and readily. Through the instrumentality of such means, we may yet hear these physically and morally healed idolaters exclaiming, “How beautiful are the feet of them who bring glad tidings of good things”! who bring us bodily health through the medium by which spiritual life dawns!

We look into the dominions of the Sultan. He has lately exhibited signs in favor of human rights; but he venerates his prophet. He has his seraglios, and the missionary cannot pass their threshold. It is not so with woman. She can go and administer medicine to the sick, where her husband cannot enter. Through her medical knowledge, the key is found to the heart of many a son of the swarthy Turk, and, also, of the wandering Ishmaelite; and together they exclaim, “After all, these christian dogs do us good. They heal our sick; they save our dying. Some good thing does ‘come out of Nazareth.’ These christians have not horns and hoofs and such selfish hearts as we supposed. We will now hear about their *religion*.”

We turn to China, that oldest, greatest, and, in her own estimation, the only *celestial* empire of the world. She numbers 360,000,000; and though, by the wonder-working providence of God, her five great maritime gates are now set wide open to the christian minister, yet so jealous are they of his influence, that he cannot travel more than half a day’s journey into the empire, from any one of them. Suppose now the female missionary goes there, medically educated, with her husband.

Can we believe she could not go where he could not? Let her heal one child, one woman, and she would be *sent* for, to be carried in a grand palanquin or royal basket, where he would be prohibited admission.

A Chinese, like any other man, will pile "skin upon skin," silk upon silk, and tea upon tea, till he "gives all that he hath for his life."

It is in this way we expect to open the door of beneficence, of humanity, refinement, civilization and religion, to multitudes. Thus, the surgeon missionary, Grant, with his cataract needle; Dr. Parker, with his scalpel; and Gutzlaf, with his medicine chest; found admission to male barbarians through passes guarded by armies. Hence, Rev. H. G. O. Dwight, from Constantinople; Rev. Wm. J. Boone, missionary bishop at Shanghai, with other, both male and female, missionaries, now on heathen ground, have written, highly approving of this enterprise.

MEDICAL SPECIALTIES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The remarks contained in a late number of your Journal, on the practice of medical specialties, I think may convey an erroneous impression in regard to the views generally entertained by the profession on that subject. Has it ever been urged that devotion to study and practice in *one department* was incompatible either with professional honor or ability—it being conceded that a knowledge of the whole circle of medical science is indispensable to excellence in any of its subdivisions? The only considerable encouragement for the practice of specialties, with few exceptions, must be furnished in our large cities, where it is a common custom, among country practitioners, to send obscure and intractable cases, for advice. On such occasions, the inquiry, both of physician and patient, is, *who* is most distinguished for knowledge and skill in the *department* to which the *case* belongs?

What may have been the character of the comments of "one medical journal, on several eminent professional gentlemen of Boston," I know not, for I have not seen them; but I have seen *manifestoes*, setting forth the skill of the advertisers in specialties, under the signature of men purporting to be professional gentlemen, and who were known to be doctors of medicine, by the authority of medical colleges, in terms which might rival the audacious absurdities of that prince of mountebanks, S. S. F—, of New York. And he, too, I have been told, is Doctor of Medicine! No journal of medicine, surely, should be censured for condemning and repudiating *such* men.

If I understand the opinions and temper of the profession on that subject, it is ready to admit and appreciate the claims of all who, with the requisite amount of general knowledge, have concentrated their labor on one department; while it is justly jealous of all violations of professional decorum, in the manner of publishing or enforcing these claims. It simply demands of such the observance of the same professional decencies that are *exact*ed of the general practitioner.

St. Albans, Vt., Dec. 16, 1853.

J. L. CHANDLER.

MILK FROM SPAYED COWS.

BY J. U. HECKERMAN, TIFFIN CITY, OHIO.

EXCEPT bread alone, there is perhaps no article that enters so largely into the consumption of man, as that of milk. As food and drink, it is extensively consumed by the adult portion of our race, it constitutes the exclusive nourishment of nine tenths of all children under twelve months, and forms the chief diet of the remaining one tenth.

The chemical and medical properties of milk have long been made the subject of scientific investigation, and long has the writer in vain looked for something from the pen of a senior observer on the point to which he now wishes to direct attention.

It has ever been a desideratum in the rearing of children who are denied the breast of a mother or nurse, to procure milk from an animal in which it approaches nearest to that of the human female, and which shall uniformly have the same constituent properties.

In looking over the tables which are given of the constituents of milk, we seldom meet two authors who agree in their observations; indeed so great are the discrepancies, that they only serve to confound us in confusion. This circumstance can be accounted for by the different animals experimented upon, the season of the year, the character of the food afforded, and the period of pregnancy or non-pregnancy of the animals at the time of the experiments. Taking the cow, we find that exercise and food among other things greatly affect the quality of the milk. The milk of cows kept in the byre contains a larger amount of butyric than is afforded by animals running at large, while the milk of the latter abounds more in caseine. So great, indeed, is the influence of food upon the secretions, that when cows are fed upon bitter or strong smelling grass or herbs, the taste and smell of such grass is imparted to the milk.

Milk, we have already said, forms the chief diet of that unfortunate class of infants, who are reared by dry nursing, and it is estimated that three fourths of these die; indeed, it has been said that, in London, this mortality amounts to seven-eighths of the whole number. Be this as it may, we do know the mortality to be very great, sufficiently so at least to demand the earnest attention of every physician.

Standard authors direct children who are thus reared, or who have been early weaned from the breast, to be supported upon milk largely diluted by water, and sugar, without, however, any reference to the condition of the animal from which the milk is derived. This we hold to be a serious defect, to be especially so considered, when the remedy is at hand, yet seldom or never used, for lack of information upon the subject.

Lasaigne found that the milk of cows far advanced in pregnancy, contains, neither caseine, sugar of milk or lactic acid, but abounded in albumen and uncombined soda; while from the same animal shortly after parturition, the three first-named substances were found, and albumen was entirely absent.

It is now the received opinion, that upon the accession of pregnancy, a woman should no longer furnish nourishment to a former child, and

that such continuance proves detrimental to the health of both parties. These views are confirmed by experience, and by the habits of inferior animals.

If the milk of a pregnant woman afford improper nutriment to a child, surely the same fluid from a cow, in like condition, cannot be proper. Remembering, then, that cows, on an average, are pregnant three fourths of the whole year, the inference must be that the milk ordinarily derived from these animals, is not of a proper character to constitute the diet of infants.

With a view to remedy this universally-existing evil, I would suggest to the profession, the propriety of having milch cows spayed, in order to procure milk of a uniform consistency. The act of spaying is performed with facility, and is unattended with danger, the only precaution necessary being, that no food be given for twelve to eighteen hours, and the milk drawn immediately before the operation; the animal becomes kindly disposed, is easily kept, will yield better, and a larger amount of milk in a given time, and is with great ease brought into a marketable condition.

The steps of the operation upon the cow, are the same as upon the calf or the sow, except that it is important to place her upon the right side, unless the operator be left-handed. The best time for operating is about four weeks, after parturition, as the future amount of milk will depend upon the quantity given at the time of the operation. For some weeks after, the secretion of milk will be small, but will gradually increase until the amount previously given is furnished, which we have known continued without interruption (of course less in winter than in summer) for the space of ten years.

It is not expected that every father can be circumstanced to keep a cow for the accommodation of his child; but if physicians were to direct the attention of those who do keep cows, to the above facts, it would be found advantageous to keep the spayed instead of the ordinary animal, and the proprietors of milk-furnishing dairies would readily furnish the supply, if the demand was made. The facts above briefly stated, we think of sufficient importance to claim the attention of every medical practitioner, as furnishing him the means of preventing much suffering on the part of advanced infancy, and saving the domestic idol in the circles of many grateful friends.—*Western Lancet*.

EXTENSIVE DISEASE OF THE EAR AND BONES OF THE HEAD.

MR. PART related to the North London Medical Society the case of a clergyman, 25 years of age, who, for a period of five years, had suffered from purulent discharge from the right ear, attended occasionally with great pain, coming suddenly to a fatal termination without the extent of mischief having been suspected. The patient, who was born in India of English parents, came to England when about eight years of age, had always been well fed and clothed, and had never been subjected to mercurial treatment, having led a very regular life. He had lost a

brother and sister from scrofulous diseases. About five years before his death, after taking cold and having two severe falls on his head about the same time, he was attacked with acute pain in the ear, followed by a copious offensive puriform discharge from the meatus, accompanied by loss of hearing. He consulted several eminent aurists for this affection, but did not derive any benefit from the treatment recommended. In the summer of 1849, he consulted Mr. Pilcher, who kindly allowed Mr. Part to see his notes of the case, which he pronounced to be acute otitis, with fungus of the right meatus. Under the care of this gentleman he improved considerably in health, but was constantly taking cold and suffering from a recurrence of his symptoms. He then became subject to fits of giddiness, in which he usually fell down; these were succeeded by vomiting and great pain in the ear and head. A year since, two small glands behind the ear began to enlarge, and ultimately suppurated; since remaining, fistulous openings, discharging freely at times, when that from the ear diminished, and increasing when the latter subsided. He was compelled at this time to give up his clerical duties. During the last year he has taken sarsaparilla and iodine. When Mr. Part first saw the patient, on the 19th of July, 1852, he was suffering from severe pain in the head, greatest at the back; vomiting; inability to move without excessive pain; and could only lie with the head perfectly horizontal to the body. The countenance heavy, and not symmetrical; partial ptosis, and turning up of the eyeballs; slight squinting, and the right angle of the mouth drawn up. There was a swelling in front of the right ear, extending nearly to the margin of the orbit, great tenderness of the concha, with copious puriform discharge from the external meatus. Behind this, two fistulous openings communicating with one another; skin cool, except on the forehead, which was very hot; hands and feet cool; pulse 68 and full; tongue coated, protruded towards the right side; considerable thirst; bowels constipated, had not acted for three days; urine scanty and high colored, with hesitation in passing it; answered slowly and imperfectly; manners strange, morose and inconsistent. By acting on the bowels freely, and the administration of saline diaphoretics, a certain amount of amendment was obtained, which continued up to the 25th, six days from the time he was first seen by Mr. Part. As he had passed restless nights, suffering great pain, muriate of morphia was administered at night, which secured him sleep. On the 23d, as he was suffering intense pain, a large blister was applied to the nape of the neck, which gave great relief to the pain in the head. From the 25th the patient gradually became worse; he grew restless, continually desiring to change his room; his speech and deglutition became more and more impaired; he had difficulty in micturating, and at last complete retention, requiring the introduction of the catheter. The swelling in front of the ear having increased in size, an opening was made into it by Mr. B. Cooper, who was called in with Dr. Babington, but only a small quantity of pus was evacuated. The pain in the head and ear now became more severe, and the tongue more coated. There was now difficulty in rousing him. He could not be moved, and the evacuations were passed involuntarily in bed. On the 2d of August slight

tetanic symptoms set in, the erector muscles of the spine assumed a state of opisthotonos, and he died on the morning of the 3d of August, at 4, A.M.

Post-mortem Examination, eight Hours after Death.—On cutting through the integuments on the swelling in front of the ear a cavity as large as a hazelnut was met with, and communicating with this was another beneath the temporal muscle, as large as a walnut. Both were filled with a soft, cheesy substance. A probe passed into the cavity struck against the dura mater lining the squamous bone. On opening the head the dura mater was found greatly injected outside, and pink within, and was entire and adherent over the whole surface of the temporal bone within the cavity of the skull, but thickened in the right middle lateral fossa. When it was removed, the whole of the petrous bone, the basilar process of the occipital as far back as the posterior third of the foramen ovale, and the larger wing of the sphenoid, extending onwards to the middle line of the skull, were ascertained to be degenerated into a soft, cheesy mass, similar to that contained in the cavities above mentioned. A probe entering the opening behind the ear passed easily until it appeared in the foramen ovale, and another passed into the meatus appeared completely through the petrous bone. The malar bone was entirely destroyed, and the mastoid process of the temporal was also completely occupied by disease. The ventricles contained three ounces of bloody serum; arachnoid much injected, and between it and the pia mater was a layer of very yellow pus extending along the base of the brain, greatest in quantity on the anterior surface of the medulla oblongata, and extending down in front of the medulla spinalis as far as a view could be obtained. In the middle lobe of the brain was an abscess containing upwards of an ounce of very fetid greenish pus, and a second abscess existed in the middle of the posterior lobe, containing a similar kind of pus. The section of the cerebral substance presented an unusual number of bloody points. No similar deposition was found elsewhere in the body. Mr. Part then alluded to a paper by Mr. Toynbee, read before the Medico-Chirurgical Society in 1851, recording 41 cases of fatal cerebral disease, originating in disease of the tympanic cavity, in most of which discharge from the external meatus had for many years been almost the only symptom. He then made an analysis of the symptoms and morbid states found in those cases, comparing them with those in the case under notice, and concluded by calling the attention of the Society to the importance of attending to cases of this description in the early stages, when the discharge, often unattended with pain, is the only symptom which the surgeon or physician has to guide him.—*London Lancet.*

CASE OF PHLEGMASIA DOLENS.

DR. M'CLINTOCK read a communication to the Dublin Obstetrical Society upon phlegmasia dolens, as a disease of women *not* in a puerperal state. After a brief historical sketch of the notices by Puzos, Willan, Lee,

Copeland, Meigs and others, of this disease under the circumstances just mentioned, he proceeded to narrate an instance of the kind that had fallen within his own knowledge.

The case differed from those related by any of the above authors in its purely idiopathic character. The possibility of any chronic uterine disease having existed was not admissible, neither had there been anything like symptoms of metritis, nor yet was the crural attack preceded by sudden suppression of the catamenia.

The subject of the case was a young lady, aged 18, who had been for some time under treatment for scanty menstruation and symptoms of incipient chlorosis, consequent upon a change of residence from the country to town. One evening in autumn, whilst the menses were present—though as usual in small quantity—she stood for nearly two hours together on damp grass. On the following morning she felt the right leg rather stiff and painful; towards evening it grew worse and began to swell. Two or three days were passed over before alarm was excited or any treatment adopted, and by this time the symptoms had become fully developed. The pulse was 120; the right leg was swollen, tense, and free from discoloration; no pitting on pressure; not much pain complained of, unless the limb was moved or handled; marked tenderness in the groin, over the femoral vessels. The line of treatment pursued was the same as that usually employed for phlegmasia dolens, and consisted in the application of leeches over the femoral vessels in Scarpa's space, constant stuping of the entire limb, absolute rest, and low diet. Under this management the acute symptoms subsided in the course of a week. One relapse took place, which necessitated a recourse to the antiphlogistic treatment, and considerably retarded her convalescence; after this was subdued, some stiffness, and enlargement of the leg from the knee down, still remained, and continued for very many months, in spite of bandaging, frictions, &c. These symptoms were always increased towards evening, or after much walking or standing. Nearly eight months elapsed before the limb had so far recovered its former state and condition that she could use it in the ordinary movements of progression without feeling any pain or inconvenience.

In conclusion the author remarked that in this case the existence of chlorosis, which is universally held to be a blood disease, tended to confirm the views of Dr. M'Kenzie in regard to the etiology of phlegmasia dolens, that physician being of opinion that vitiation of the blood has much to do with its production.—*Dublin Quar. Jour. of Med. Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 21, 1853.

Editorial Changes.—Drs. Francis G. Smith and John B. Biddle, who have long had the editorial management of the Philadelphia "Medical Examiner," finish their labors with the volume just brought to a close, and

their "valedictory" is given in the last number. The work has been ably conducted while under their charge, and all must acknowledge that eminent success has attended the endeavor which they say has been made in its pages to "maintain the rights and honor of the profession, and to advance the great objects of medical science." Dr. Samuel L. Hollingsworth is to succeed them as editor. We hope his career will be as honorable to himself and as useful to others as that of his predecessors. Will he please to see, in his monthly published list of exchanges, that the Boston Medical Journal is no longer deprived, by the omission of its name, of the credit of an exchange with the Examiner?

Dr. James B. McGaw, of Richmond, is hereafter to be associated with Dr. George A. Otis in conducting the Virginia Medical and Surgical Journal. This work already takes a high stand as a periodical; it makes a handsome appearance, and is in every respect creditable to all concerned in its publication. The last number contains a just but severe criticism of the motives which originated the proposed plan of a "State Medical Journal" in Virginia, and a prediction as regards the Medical Society who are to control it, and the work itself. For the former the writer predicts "annihilation," and the latter he thinks will prove an "abortion."

Dr. Eve's Introductory.—Among the accumulations from the Post Office, in the course of the last week or two, is an introductory lecture by Paul F. Eve, M.D., of the Surgical chair in the University of Nashville, Tennessee. Dr. E. is extensively known as a prominent professional man, and also for his literary industry. The discourse is distinguished for a free style of expression and for the manifestation of a devotedness to the honor and high interests of the department in which the author is an eminent professor. Some of his antiquarian researches touching the ancient process of embalming, and his familiar acquaintance with the history of the fathers of medicine, are particularly bright points. Plain common-sense views of the action of remedies, the duties of physicians and surgeons, as well as various useful suggestions and wise intimations, give great value to this lecture, which is a good specimen of the man, and a proud exhibition, for his many personal friends, of the power at his command.

Fibro-Bronchitis and Rheumatic Pneumonia.—A treatise on the "Etiology, Pathology and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia," by Thomas H. Buckler, M.D., &c., of Baltimore, has been published by Messrs. Blanchard & Lea, of Philadelphia. It strikes us as being a useful book. The dissertation was rejected by a committee of the American Medical Association, whose appropriate function it was to examine voluntary communications. However, their decision is by no means an excommunication. Dr. Buckler appeals, by the publication, directly to the profession, by whom, it is not improbable he may be received with acclamation. At the conclusion of 28 pages, is another paper devoted to the vascular mechanism of the pulmonary circulation, which is well written, but not new. In treating of the *rheumatic element*, research is exhibited, creditable to the author as a medical scholar. From the 55th page, the remainder of the volume is taken up with illustrative cases. An index would have been very serviceable, to aid the reader in referring to the pages where prominent and important matters and things are recorded. Notwithstanding this defect, a plain statement is given of the condition of a patient from

the inception or development of the disease, to its disappearance, and this is the really true way of instruction in medicine. One circumstantially described case is better than a hundred suppositions or theoretical speculations. Towards the conclusion, the treatment of fibro-bronchitis becomes a distinct consideration. It is the part about which practitioners will most disagree. However, if all are open to conviction, or willing to test the experience of others, investigations of an interesting character may have their rise from Dr. Buckler's suggestions. Copies are on sale at Ticknor & Co.'s, Boston.

Zymotic Theory of Essential Fevers, &c.—The Ohio State Medical Prize Essay, by Samuel G. Armor, M.D., has been already mentioned in the Journal, and a very acceptable dissertation it is. Many curious facts are cited in it, showing how diseased animal matter, by being introduced into the circulating system, re-produces the malady; and our author next proceeds to ask the question—"may we not, then, infer from these facts, that the blood is the hot-bed in which many malignant diseases are propagated, whether by ova, parasites, cell germs or zymotic action?" The evidence adduced to prove the truth of his proposition, that the blood is the medium through which the poison is conducted onward, indicates a great amount of reading, and the manner of arranging it shows a mind adapted to the proper construction of an argument.

Dr. Golding Bird's experiments are made use of, appropriately, to sustain his position, and as we proceed, the reader is impressed with the strength and clearness of Dr. Armor's powers of investigation. On that barren, unprofitable topic, medical theories, it is quite unnecessary to dwell. Dr. Armor seems to have dropped it willingly, just as he began to reflect upon the impossibility of satisfying himself or any one else.

Pulmonary Tuberculosis.—John Hughes Bennett, M.D., Professor of the Institutes of Medicine in the University of Edinburgh, has written a volume, which has been recently published in that city, and is dedicated to the celebrated P. C. A. Louis, of Paris, on the "Pathology and Treatment of Pulmonary Tuberculosis." A copy has been received at this office, but we apprehend that the profession will find it quite difficult to obtain the work, until it is reprinted here, which we suppose must soon be done—coming as it does from the pen of one so distinguished as Dr. Bennett. The contents embrace four chapters, which cover the whole ground of the subject.—I. Histology of tubercle; its nature; natural progress of tubercular exudation; tendency to ulceration; modes of arrest, &c.—II. The general treatment; methods of administering fatty substances; climate, exercise and diet.—III. The special treatment; cough, expectoration, loss of appetite, anorexia, nausea, vomiting, diarrhoea, hæmoptysis, sweating, febrile symptoms, debility, despondency, anxiety, and illustrative cases.—IV. Observations on the use of local applications to the pharyngeal and laryngeal diseases which are frequently mistaken for or associated with pulmonary tubercles, &c. Throughout, the treatise is a clear and satisfactory examination of the systems of medication which have resulted in *benefiting* the patient. This is what is wanted. Long and solemn dissertations on supposable conditions of the pulmonary organs, interlarded with copious theoretical speculations on what might or might not be serviceable, are of little use to those who are called upon to prescribe in this complaint. An exact

knowledge of the state of the lungs in a given case, based upon a full understanding of all the varying symptoms which have been detected by careful observation, together with an equal familiarity with the remedies, climatic influences, &c., which may in general operate either favorably or unfavorably, must be first possessed, and then the physician can act with promptness. It seems to be the purpose of Dr. Bennett to place in the hands of his readers the most reliable kind of information. He speaks well of Dr. Horace Greene, of New York. Interspersed through the leaves, are some very good illustrations on wood, which increase the interest belonging to the text. By this treatise Dr. Bennett has elevated his already commanding position. He has long been known as one who has contributed largely to the medical literature of the age, especially on the nature and treatment of consumption.

Vermont Asylum for the Insane.—By the seventeenth report of the Trustees and Medical Superintendent of this Asylum, the public discover how well the institution is conducted. Dr. Rockwell is familiar with the responsibilities of his station, and the Legislature of the State acts wisely in carrying out his suggestions whenever they are made. In the last five years, 510 patients have had the benefit of the Asylum. Improvements are constantly being made, and a liberal, progressive policy has characterized the doings of the Trustees. It should be so; and every improvement and comfort which it is within the scope of their ability to provide for the unfortunate beings who tenant the institution, is demanded by the public sentiment, wherever these blessed charities exist. Dr. Rockwell, in the special communication bearing his name in the report, is not wordy, but judicious, and it will be read with interest by professional gentlemen as well as all others who are well wishers to afflicted humanity. The number of patients remaining August 1, 1852, was 351. Admitted during the past year, 159. Discharged in the meantime, 138—and there remained August 1, 1853, 373. Since the first opening of the hospital, 2066 patients have been received, and 1694 discharged.

Winter Diseases—City Mortality.—Besides the usual amount of lung complaints, which are always more rife at this season of the year, rheumatic and neuralgic affections are now quite prevalent, and as frequently among the young and vigorous as the aged and infirm. Whether these complaints are really on the increase, has not been determined. But it is believed that the climate, fickle as it is, is not wholly chargeable with their production. Warm apartments—too warm in fact—and the sudden changes in temperature by going from an over-heated drawing-room, office or counting-house, to the open air, without proper attention to dress, are important agents in causing these troublesome difficulties, which sometimes long cling to the muscles and joints. Fewer females than males are attacked in this manner, and their exemption is presumed to be referable to their in-door habits, or rather to less frequent exposures of the kind mentioned.

By reference to our weekly bill of mortality, it will be seen that in Boston the number of deaths was unusually large the past week. This increase, however, has not extended back in the season beyond the week, as the mortality for four preceding weeks has hardly reached the average for the last five years, allowing for the increase of population. The weekly

average for those years, during the month of December, has been about 73, and has varied but little each year. There has been an increase, however, in the fatality of certain diseases the present season—particularly measles and consumption. The former has prevailed as an epidemic at this season, since 1847, only in 1850 and the present year. In 1850 the deaths from the disease for five weeks were 24; the present year, during the last five weeks, 40. In 1848, '49, '51 and '52, the whole number of deaths by measles for the four years during the five corresponding weeks, was only six. The per centage of deaths by consumption, compared with the whole number of deaths, for six years, taking five weeks including all of December in the five first years, and ending last Saturday the present year, is as follows:—In 18 8, 14.20 per cent. In 1849, 18.26 per cent. In 1850, 20.51 per cent. In 1851, 20.22 per cent. In 1852, 16.58 per cent. In 1853, 20.85 per cent.—The total mortality for the present year, now near its close, is likely to be much larger in Boston than that of last year.

Dr. March on Morbus Coxarius.—In, the Journal for Nov. 30, we referred to Dr. March's Essay on Hip-disease. We understand it is Dr. M.'s intention to continue his investigations on this subject, and to present a paper at the next meeting of the national Association on the diagnosis and general treatment of the disease. The two essays, together with engravings of morbid specimens of the hip-joint, the drawings of some of which are already executed, will constitute a monograph on this important subject worthy of all confidence.

Transactions of the American Medical Association.—We understand that the efforts made by the Publishing Committee and the gentlemen named in the Journal of Nov. 23d, together with the low price of the volume there mentioned, have greatly increased its circulation. In Connecticut alone, including twenty permanent members who have paid their assessment, the list of subscribers now numbers 93. We are glad to be able to record this success, and hope it will continue.

Bellevue Hospital.—Dr. Willard Parker has resigned the place of visiting surgeon to the Bellevue Hospital, New York, and Dr. Lewis A. Sayre has been appointed to fill the vacancy.

TO CORRESPONDENTS.—Papers from Dr. Shade on Involuntary Seminal Discharges, Dr. Rodgers on Empiricism, and Dr. Chandler on Medical Philanthropy, have been received.—We shall be happy to receive a report of the case alluded to by our friend in Baltimore.

DIED.—At New York, Thomas G. Mower, M.D., U. S. Navy.—At St. Johnsbury, Vt., Dec. 11, Dr. Calvin Jewett, aged 71.—At Wrentham, Dr. Paul R. Metcalf, 78.

Deaths in Boston for the week ending Saturday noon, Dec. 17th, 1852. Males, 50—females, 52. Inflammation of the bowels, 3—inflammation of the brain, 2—disease of the brain, 1—consumption, 21—convulsions, 2—croup, 6—erysipelas, 1—diarrhea, 1—dropsy, 2—dropsy in the head, 3—infantile diseases, 3—puerperal, 2—erysipelas, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 3—fracture, 1—hemorrhage, 1—homicide, 1—disease of the heart, 4—hemorrhoids, 1—inflammation of the lungs, 8—marasmus, 1—measles, 15—mortification, 1—old age, 2—pleurisy, 2—palsy, 1—peritonitis, 1—inflammation of the stomach, 1—scurvy, 1—smallpox, 1—teething, 1—thrush, 4—disease of the throat, 1.

Under 5 years, 50—between 5 and 20 years, 6—between 20 and 40 years, 29—between 40 and 60 years, 6—above 60 years, 11. Born in the United States, 78—Ireland, 12—British Provinces, 4—England, 2—Scotland, 2—Germany, 1—France, 1—India, 1—Sweden, 1. The above includes 9 deaths at the City Institutions.

American Medical Association.—The Seventh Annual Meeting of the American Medical Association will be held in the city of St. Louis on Tuesday, May 24, 1854.

The Secretaries of all Societies and all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*—and it is earnestly desired that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:—

"Each Local Society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The Faculty of every regularly organized Medical College or chartered School of Medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal Hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution of good standing, shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the Army and Navy, was adopted as an amendment to the Constitution at the last meeting of the Association, held in New York, in May, 1853.

E. S. LENOIRE,

One of the Secretaries, St. Louis.

The Medical Press of the United States is respectfully requested to copy the foregoing.

Health of London during the week ending Saturday, November 19.—The mortality for the last week shows but a small reduction on the previous return, which was rather high. In the week that ended on Saturday, the number of deaths registered in London was 1162. In the ten corresponding weeks of the years 1843-52 the average number was 1023, which, if raised in proportion to increase of population, becomes 1125. Therefore the actual mortality somewhat exceeded the estimated amount. It is satisfactory to perceive that the mortality from cholera was not so great as in the four previous weeks, the number of deaths having fallen to 72, while that from diarrhoea was only 36. In the three weeks of November cholera carried off 102, 98, and 72 persons. The mean weekly temperature, which rose so high as 55.5° in the last week of October, declined in the two subsequent weeks to 48.9° and 45.7°, and last week fell so low as 38.5°. Of last week's deaths from cholera, 5 occurred in the West Districts, 11 in the North, 3 in the Central, 20 in the East, and 33 in the districts on the South side of the river.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.723 in. The dew-point temperature was 36.2°.

Last week the births of 814 boys and 747 girls, in all 1561 children, were registered in London. The average number in eight corresponding weeks of the years 1845-52 was 1356.—*London Lancet.*

Frightful Sickness amongst the Russian Troops.—At Bucharest, the hospital is full of sick soldiers; and, in addition to the barracks, twenty-three houses are converted into receptacles for the sick, of whom forty wagon-loads arrived from the camp.—*lb.*